

HD2 Care Support Services Ltd

HD2-1

Inspection report

112 Alderney Road
Erith
Kent
DA8 2JD

Date of inspection visit:
08 November 2017

Date of publication:
22 December 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 08 November 2017 and was announced. HD2-1 provides care and support to three people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve mental capacity assessments, staff training and the quality assurance systems that were not always completed, recorded and maintained to drive improvement across the service to at least good. At this inspection on 08 November 2017 we found that the provider had completed the action plan and made improvements to the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had safeguarding adults' policies and procedures in place and staff understood their responsibility to safeguard people they supported from abuse and also knew of the provider's whistleblowing policy and procedure.

Risk to people had been assessed with appropriate management plans in place to mitigate risks. Where an accident or incident had taken place, the provider took action to reduce repeat occurrences. Each person had a support plan in place which was reviewed regularly to people's changing needs.

Appropriate recruitment checks took place before staff began working at the service and there were enough staff available to support people's needs. People were given the level of support they needed to take their medicines. Staff had completed medicines training and had a medicines procedure in place for recording to ensure medicines were managed safely.

People were protected from the risk of infectious diseases because staff had completed infection control and food hygiene training and had appropriate procedures in place to reduce the spread of infections. The provider had arrangements in place to deal with foreseeable emergencies.

Support was in place for staff in the form of induction and supervision to ensure they had appropriate skills to perform their role effectively. People were supported to eat and drink sufficient amounts for their wellbeing and to make healthy meal choices to manage their weight.

People were registered with appropriate healthcare services and were supported to make and attend appointments. The provider worked well together with other health and social care professionals to deliver

a safe and effective service.

People's privacy and dignity was respected and their independence promoted as part of their support plan. People had been consulted about their care and support needs and their views were respected. Staff understood that people's diversity was important and respected their differences and choices.

People were encouraged to maintain relationships with their family and friends. People were provided with appropriate information about the service to ensure that they were aware of the standard of support they should receive. Where people had communication needs, information was provided in formats which met their needs. There was a complaints policy in place and people knew how to complain; however, they did not have anything to complain about at the time of our inspection.

Both the registered manager and staff demonstrated a clear understanding of the organisations values and vision. People's views were sought through surveys, telephone calls and meetings to monitor and improve on the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had safeguarding adults' and whistleblowing policies and procedures in place and staff were aware of their responsibility to report and record any concerns of abuse.

Risk to people had been assessed and relevant management plans were in place for any identified risks. Where an accident or incident had occurred, appropriate management plans were in place to prevent future occurrences.

The provider had safe recruitment practices in place and there were sufficient staff available to support people when they needed it.

Appropriate procedures were in place to manage people's medicines safely. There were systems and procedures in place to deal with foreseeable emergencies.

The provider had an infection control policy in place and staff followed safe infection control practices when supporting people.

Is the service effective?

Good ●

The service was effective.

Both the registered manager and support staff demonstrated a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had completed a mental capacity assessment for people where required.

All mandatory training were up to date and staff had received appropriate support with their induction and supervision to ensure they had appropriate skills to perform their role effectively.

People were supported to eat and drink sufficient amounts and make healthy meal choices for their well-being.

People's needs and choices had been assessed and care and

support was delivered to meet their needs. People had access to relevant healthcare professionals when they needed it and the provider worked together with other health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind, caring and friendly. Staff knew people they supported well including their likes and dislikes and supported them in a caring way.

People's privacy and dignity was respected and their independence promoted as part of their support plan.

People said they had been consulted about their care and were involve in making decisions about their care and support plans.

Staff understood people's needs with regards to their disabilities, race, religion, cultural backgrounds and treated them in a caring way.

People's relatives could visit them at the service and they were made welcome.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care and support in place and their views were respected.

People were provided with stimulating activities and were encouraged to maintain contacts with their family and friends.

People were provided with information in formats that met their needs.

The provider had a complaints policy in place and people and their relatives said they knew how to complain if they were not happy with the service.

Is the service well-led?

Good ●

The service was well-led.

The provider had made improvements to their quality assurance systems and where required action was taken to improve the

quality of the service.

There was a registered manager in post. People using the service, their relatives, staff and health and social care professionals were complimentary of the manager.

People's views were sought through telephone calls, questionnaires and staff meetings.

The provider had demonstrated that they continuously learn to improve the quality of the service.

The provider work well in partnership with other agencies for an effective care delivery.

Both the manager and staff demonstrated a clear understanding of the organisation's values and vision.

HD2-1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Care Quality Commission (CQC) was aware of incidents where the police had been notified and we explored this aspect of current care and support delivery and found that the provider had taken appropriate actions to mitigate any risks posed to people.

This inspection site visit took place on 8 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to the inspection we reviewed information we had about the service. This included the notifications that the provider had sent us. A notification is information about important events which the provider is required by law to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed a local authority contract monitoring report to plan our inspection.

As part of the inspection, we spoke with two people. We also spoke with two relatives by telephone. We spoke with two staff, the registered manager, review care records, staff files, policies and procedures and other records relating to the management of the service. We also visited the supported living unit where the regulated activity of personal care was being delivered to speak to people and to obtain their views about the service.

We also contacted local authority commissioners and three health and social care professionals to gather their views about the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe living here." Both relatives we spoke with said they felt their loved ones were safe at the service.

There were procedures in place to protect people from the risk of abuse. The provider had a safeguarding adults' policy in place which provided staff with guidance and processes to follow to protect people from abuse. All staff had signed the policy document to demonstrate they have read and understood it. Staff we spoke with knew of the types of abuse and were aware of their responsibility to record and report. They said they would report any concerns of abuse to their manager and were confident they would take the appropriate actions required. The registered manager demonstrated a clear understanding of actions they should take to ensure people in their care remained safe including notifying the local authority and the CQC. However, there had not been any concerns of abuse since our last inspection. All staff including the registered manager had completed safeguarding adults training to ensure they had the necessary skills to protect people in their care from abuse. Staff knew of the provider's whistleblowing policy but told us they had not used the whistleblowing procedure because there had not been any need to use it.

People had been risk assessed in areas such as behaviours that challenge, preparation of meals, medicines and personal care. Each risk was rated high, medium or low and included who may be at risk such as staff, visitors, members of the public or risk to self. For each risk identified there were relevant action plans for staff to follow to minimise or prevent the risk occurring. For example, where a person had behaviours that challenged, the provider had guidance in place for staff to de-escalate the situation and provide appropriate therapeutic interventions such as music to manage any potential risks that may developed. Risk assessments were reviewed every six months or updated when a person's needs had changed.

The provider had appropriate systems in place to deal with accidents and incidents. Where incidents had occurred, staff had reported and recorded this including any actions they had taken. The provider had introduced a weekly fire safety checks due to an incident that occurred and we saw that staff completed these checks. These checks had prevented a similar incident from occurring and this ensured that people remained safe.

There were systems and processes in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) in place specific to their individual needs. Each person had a hospital passport in place which included any medical conditions to ensure emergency and hospital staff were aware to provide safe care and treatment. Staff knew of actions to take in the event of an emergency; they said they would contact the emergency services and their manager. All staff had completed first aid and fire safety training to ensure they had appropriate skills to support people to remain safe.

People said there were enough staff available to support them or their loved ones needs. One person said, "There is enough staff around and they have time for me." We found people were mostly independent of their care needs and were mainly prompted with their personal care, medicines and nutritional needs. The registered manager told us staffing levels were always reviewed to meet people's needs and we observed

that sufficient staff were available to meet people's needs. Staff we spoke with confirmed the appropriate staffing numbers were in place to provide safe care and support. Where required, the registered manager covered any vacant shift to ensure people's needs were met. At the time of our inspection, the provider was in the process of recruiting a bank staff for additional support.

The provider had safe recruitment and selection processes in place. Appropriate recruitment checks were conducted before staff began working at the service. Staff files contained completed application forms which included details of their employment history, two references, criminal records checks, proof of identity and the right to work in the United Kingdom.

People and their relatives felt appropriate support was in place for the safe management of medicines. The provider had a medication policy in place which provided staff with appropriate guidance and processes to follow to manage medicines safely. Staff told us they only prompted people with their medicines. Medicines administration records (MAR) were completed appropriately without any gaps being recorded which demonstrate that people were supported to take their medicines as prescribed by healthcare professionals. The MAR documented the name of the person, the medicines they were taking, dosage and any known allergies. People's medicines were stored safely to ensure appropriate people had access to it. Training records showed all staff had received medicines awareness training to ensure they had the skills to support people where required.

The provider had an infection control policy and procedure in place which included guidance for staff to prevent the spread of infections. Staff we spoke with told us they took actions such as ensuring the house was clean at all times and cleaning equipment such as mops were colour coded to minimise the spread of infections. Staff said people's clothes were washed separately and they ensured that hand washing practices were adhered to at all times. We saw that all staff had completed infection control and food hygiene training to ensure they had the appropriate skills and practices in place to prevent the spread of infections.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any applications had been made to the Court of Protection.

At our last inspection we found that capacity assessments had not been carried out for people and appropriate decision specific assessments had not been conducted in order to assess capacity.

At this inspection, one person was subject to continuous supervision for their safety. A capacity assessment had been carried out specific to their needs in areas such as personal care, medicines, medical treatment, social and financial decisions. The provider found that the person had some difficulty in making some decisions or their ability to make specific decisions fluctuated from one time to the other. A Deprivation of Liberty Safeguard request had been made to the local authority instead of the Court of Protection. We raised this with the provider and they told us that a mental capacity assessor from the local authority had been to the service to assess people's capacity and that the final decision of whether a referral should be made to the Court of Protection was being decided by the local authority; however, they have not yet received any information regarding the matter.

Both support staff and the registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the importance of gaining consent from people before supporting them and people we spoke with confirmed this.

At our last inspection we found staff were not always up to date with fire safety training. At this inspection, all staff mandatory training records were up to date including fire safety, health and safety, safeguarding adults, first aid, food hygiene, MCA and DoLS. Staff had undertaken training specific to people's needs in areas such as autism awareness and behaviours that challenge to ensure they had the appropriate skills and knowledge to support people safely. Staff had completed Qualification and Credit Framework (QCF) training level two and three to enhance their professional development and to deliver effective care and support. Staff were complimentary of the training they had received and said the training courses were relevant to the role which they had been employed to undertake.

People and their relatives told us they felt staff had the appropriate skills to support them or their loved ones. One person said, "The staff know what they are doing." A relative commented, "The staff are fantastic and know what she likes." All new staff completed an induction programme when they started working at the service and this included the Common Induction Standards (CIS) published by Skills for Care. Staff

induction programme included mandatory training, familiarising themselves with policies and procedures and shadowing experienced colleagues. All staff we spoke with confirmed they had an induction at the start of their employment.

Staff were being supported every six to eight weeks through supervision. One staff member commented, "Supervision is good, it helps improve the service and working conditions." Staff supervision records showed that supervisions took place in line with the provider's policy and covered areas such as running of the service, support for people, communications, staff rotas and the covering of shifts. The provider had a system in place to appraise staff annually. We saw schedule of staff appraisals when due.

People were supported to eat and drink balanced and nutritional diets for their wellbeing. One person said, "I do my own food shopping and they support me with cooking." A relative told us they were happy with the support their loved one received with preparing their food because they had agreed with the person to learn how to cook and make healthy meal choices than depending on ready meals. Staff told us they supported people plan their individual menus, do the grocery shopping and prepare their meals to ensure they were making healthy meal choices. We looked at the menu and noted that people's meals were appropriately spaced but flexible and included healthy meal choices for their nutritional needs. People's support plans included guidance on how their nutritional needs should be met and staff were aware of this. Where required people were being weighed monthly and appropriate actions taken to support them manage their weight safely.

A pre-admission assessment was carried out for everyone who was referred to the service to ensure their needs could be met. People's mental, physical and social needs had been assessed and people were being supported to make healthy lifestyle choices including the food they ate, activities they took part in, access to the local community including building relationships with their family and friends and the prompt access to healthcare services where required.

People told us staff supported them to book and attend healthcare appointments promptly. One person said, "I am supported to go to the GP; I have a social worker involved also." people using the services were registered with a GP, dentist and/or a chiropodist. People's care files included records of care and treatment they had received from psychologists, psychiatrist and the community learning disability teams. This showed that people were supported to receive safe care and treatment where required.

The provider worked well together with other health and social care professionals, local colleges and Charlton Athletic football club charity which provided support for people with autism to access the community and partake in activities to promote their social interactions. Feedback from health care professionals were positive and included comments such as, "HD2-1 is a reputable organisation...I am very pleased with the support that is currently being provided." Another comment included, "Staff have informed me promptly of any incidents that have occurred and have kept me up-to-date with the progress of [the person using the service]...I have found the staff to be very friendly, accommodating and they support the [person using the service] very well. Records including letters, emails, handover checklists and minutes of meetings showed that the provider worked well together within and across different organisations to deliver an effective service.

Is the service caring?

Our findings

People and their relatives were complimentary of the care and support they or their loved ones received. People told us that staff were "kind", "friendly" and "helpful". Comments from relatives included, "It is a very good service, I rate it 100%... The staff are very welcoming and very friendly and [the person using the service] is settled in there so well." Another said, "I am very happy with the care. They are fantastic and they go out of their way to support... The staff are lovely and helpful."

We observed positive interactions between staff and the people they supported. Staff knew people well and were familiar with their needs, preferences, likes and dislikes. We heard them address people by their preferred names and supported them in accordance with their wishes. The registered manager told us "we deliver a caring service" and that, "what you think is right for you is what you do to them."

Staff understood people's needs with regards to their disabilities, race, religion, cultural backgrounds and treated them in a caring way. Staff understood that people's diversity was important and something that needed to be upheld and valued. For example, people from specific cultural backgrounds were supported to cook and eat food from their ethnicity.

People said they had been consulted about their care and support needs. One person who recently started using the service told us they had an assessment with the manager and were asked how they would like to be supported. Relatives we spoke with told us they were in regular communication with the service and their views were sought where required. The registered manager told us that people and their relatives were involved in making decisions about their care and support. Where required people had received support from independent advocates at various stages of their care and support to ensure appropriate support and advice was available to them when they needed it. For example we saw that one person was being supported by an independent advocate to be able to make informed decisions about their care and support when they first started using the service.

People told us their privacy and dignity was respected. One person said, "They ask my permission before entering my room." Relatives we spoke with said they felt their loved ones were treated with respect. Staff told us of how they promoted privacy and dignity for example by knocking on doors, giving people space and keeping information about them confidential. One member of staff said, "We know people's preferences, we seek their consent, respect their rights and we do not interfere in their space." Another staff commented, "You can't burst into their rooms, you have to knock and [the person using the service] needs to give you permission to come in." The registered manager informed us that they promoted dignity by ensuring people maintained good personal hygiene and were appropriately dress at all times and our observations confirmed this.

People told us their independence was promoted and that they were involved in shopping, cooking their own food, tidying up the house and undertaking various chores. We found that some people could access the local community independently. They told us, "I can come and go out anytime... but I mostly get home at 6pm to have dinner." Staff told us they promoted independence by encouraging people to be involved in

house chores where they could. The registered manager told us that the aim and vision of the service was to promote people's independence so they could live independently on their own in future.

People's relatives could visit them at the service. Relatives told us that they were made welcome at the service and that there were no restrictions in place. A relative said, "Staff are always welcoming and very friendly." The registered manager told us that people choices and preferences regarding parental involvement about their care and support needs had been discussed with them and their wishes were respected.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning the care and their views were respected. Each person had a care and support plan developed based on an assessment of their needs and this was reviewed every six months or when their needs changed. The support plans included people's strengths, preferences, interests, level of independence and life history. For example where a person could bath independently, this was included in their support plan so that staff would encourage them to complete this task on their own. Staff told us that the support plans were individualised to each person's needs. One staff commented, "You must know the person first before you can support them." A referral document from the local authority was included in people's care files which provided information about the person's support needs. People had social workers and/or various health professionals involved in their care and support planning for example about their mental health needs and we saw that these professionals were in regular contact with both the person and the provider. Staff wrote daily care and support notes and this showed that the care and support delivery was in line with what had been planned for.

People were supported to follow their interests and take part in activities that were relevant to them. People took part in various activities such as bowling, swimming, shopping, and visit to libraries, cinemas. We saw that there was a daily activity plan in place for people and in formats that met their needs. People could develop their aspirations and were supported to attend college. We saw that where a person's needs were not being met at a particular college, the provider took action for them to be assessed, transferred and supported at a different educational environment.

People were encouraged to maintain relationships with their family and friends. People were supported to spend time with their relatives on set days or on special occasions where this had been agreed and planned for in advance. The registered manager told us that one person had been on holiday with a relative recently and this promoted their relationship.

People and their relatives said they felt they had been provided with relevant information about the service. The provider had a 'service user guide' which was available in formats relevant to people's communication needs. Where people had difficulty in communicating, they had a communication passport which included information and guidance for staff on how to communicate with them effectively including using short phrases, specific words and pictures to promote their understanding. Staff knew of people's communication needs and told us of ways they supported them for example by being patient and listening carefully. Some people also used electronic devices such as an electronic tablet to support them communicate effectively.

People told us they knew how to complain if they were not satisfied with the service delivery. One person said, "If I am not happy I will tell [the manager]. A relative commented, "I am very confident in reporting people but I have nothing to complain about. The provider had a complaints policy and procedure in place. People and their relatives we spoke with told us they would complain to staff or the registered manager if they were unhappy and were confident their complaints would be taken seriously. The registered manager told us information regarding how to make a complaint was sent to people and their relatives every six months so they were aware of the procedure and we saw documentations to confirm this. At the time of our

inspection, the provider had not received any complaints and all the people we spoke with said they were satisfied with the service and did not have anything to complain about.

Is the service well-led?

Our findings

At our last inspection we found the provider did not have effective quality assurance systems in place to monitor and improve the service. Quality checks were carried out but these were not documented with appropriate actions to drive improvement. At this inspection we found the provider had taken action and made improvements to their quality assurance systems.

There were quarterly audits which covered areas such as health and safety, environmental, fire safety and care plan audits. Where issues were identified for example in areas such as having a personal emergency evacuation plan (PEEPs) in place and carrying out weekly fire safety checks, we saw that improvements were made. PEEPs were in place for people and weekly fire safety checks were being carried out.

People's views were sought through regular telephone calls and six monthly questionnaires. We saw that feedback had been acquired from people, their relatives, staff and health and social care professionals involved in people's care and support. We reviewed the results of the most recent questionnaire completed in July 2017 and the outcome of the survey was all positive. People said they felt safe using the service and their privacy and dignity were respected. Health professionals said they would recommend the service to other people because they felt the standard of care and support provided was good.

People and relatives were complimentary of the manager and the way the service was being managed. A relative commented, "[The manager] and her team are god sent, they are very dedicated and fight for [the person using the service's] wellbeing." Another relative said, "I am so pleased I moved [The person using the service] to [HD2-1] because we had problems with the previous ones." A staff member told us, "[The manager] is friendly, open and you can call her anytime. We work well together and she corrects with love." Another staff member said, "Our manager is friendly and supports us well in the job."

There was a registered manager in post at the time of our inspection and they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008 including notifying CQC promptly of any events that had occurred at the service. The registered manager had a mentor who had experience of working in the health and social care sector and had provided the manager with two supervision sessions with the aim of providing guidance and improving on the quality of the service. The registered manager said they were willing to learn and open to feedback from people, their relatives and other health and social care professionals to improve on the quality of the service.

Monthly staff meetings were carried out to share information and seek feedback from staff members. Minutes of the meetings we looked at covered areas such as support for people, accidents and incidents, records management, policies and procedures and time keeping. The registered manager informed us they were available at all times and visited the supported living unit at least five times in a week including covering shifts and staff confirmed that their manager was available to them any time they needed them. Staff said the staff meeting gave them opportunities to discuss any issues that needed to be addressed as well as providing them with relevant information.

Information from accidents and incidents and any investigations carried out and their learning was shared at staff meetings and staff were supported through regular training and supervision to enable them understand, develop and drive improvement to the care delivery. For example, the police were notified of an incident that occurred in the community which involved a person using the service. We saw that appropriate management plans were put in place including changing the days the person access the community and providing staff with additional support on how to prevent future occurrences.

There was a daily handover process in place and the records showed staff had completed a handover checklist for medication, accuracy of records, appointments, fire safety and other areas relating to the care delivery to ensure that people received consistent care and support.

Both the manager and staff demonstrated a clear understanding of the organisation's values and vision. The manager told us, "Our values include respecting people because it is reciprocal... I like to treat people just as I would like to be treated." A staff member said, "Our vision is to support people, so that they can gain independence. We are there to prompt, advise, guide, encourage and to ensure their safety is paramount." Staff we spoke with said they were proud of their job and were happy in the role.

The provider works with the local authority and other health and social care professions to plan and deliver a safe care and treatment. The provider works in partnership with local colleges to ensure people educational needs and aspirations were met. We saw that there was a signing-in book available which all visitors entering and exiting the supported living unit had to sign to evidence their involvement with the service.